

State of Indiana 2016 Rates

Plan	Coverage	Bi-Weekly Employee Rate	Bi-Weekly Employer Rate	Bi-Weekly Total Rate	Early Retirees (Monthly)	COBRA (Monthly)	Annual Employee Rate	Annual Employer Rate	Annual Employer HSA Contribution	Total Annual Employer Contribution	Annual Total Rate
Wellness	Single	\$49.22	\$183.78	\$233.00	\$504.83	\$514.93	\$1,279.72	\$4,778.28	\$1,251.12	\$6,029.40	\$7,309.12
	Family	\$80.42	\$556.62	\$637.04	\$1,380.25	\$1,407.86	\$2,090.92	\$14,472.12	\$2,502.24	\$16,974.36	\$19,065.28
Wellness W/ Non-Tobacco Use	Single	\$14.22	\$183.78	\$198.00	\$429.00	\$437.58	\$369.72	\$4,778.28	\$1,251.12	\$6,029.40	\$6,399.12
	Family	\$45.42	\$556.62	\$602.04	\$1,304.42	\$1,330.51	\$1,180.92	\$14,472.12	\$2,502.24	\$16,974.36	\$18,155.28
CDHP 1	Single	\$61.40	\$193.38	\$254.78	\$552.02	\$563.06	\$1,596.40	\$5,027.88	\$1,001.52	\$6,029.40	\$7,625.80
	Family	\$116.36	\$575.82	\$692.18	\$1,499.72	\$1,529.72	\$3,025.36	\$14,971.32	\$2,003.04	\$16,974.36	\$19,999.72
CDHP 1 W/ Non-Tobacco Use	Single	\$26.40	\$193.38	\$219.78	\$476.19	\$485.71	\$686.40	\$5,027.88	\$1,001.52	\$6,029.40	\$6,715.80
	Family	\$81.36	\$575.82	\$657.18	\$1,423.89	\$1,452.37	\$2,115.36	\$14,971.32	\$2,003.04	\$16,974.36	\$19,089.72
CDHP2	Single	\$137.66	\$208.86	\$346.52	\$750.79	\$765.81	\$3,579.16	\$5,430.36	\$599.04	\$6,029.40	\$9,608.56
	Family	\$333.56	\$606.78	\$940.34	\$2,037.40	\$2,078.15	\$8,672.56	\$15,776.28	\$1,198.08	\$16,974.36	\$25,646.92
CDHP 2 W/ Non-Tobacco Use	Single	\$102.66	\$208.86	\$311.52	\$674.96	\$688.46	\$2,669.16	\$5,430.36	\$599.04	\$6,029.40	\$8,698.56
	Family	\$298.56	\$606.78	\$905.34	\$1,961.57	\$2,000.80	\$7,762.56	\$15,776.28	\$1,198.08	\$16,974.36	\$24,736.92
Traditional PPO	Single	\$328.04	\$231.90	\$559.94	\$1,213.20	\$1,237.47	\$8,529.04	\$6,029.40	\$0.00	\$6,029.40	\$14,558.44
	Family	\$871.58	\$652.86	\$1,524.44	\$3,302.95	\$3,369.01	\$22,661.08	\$16,974.36	\$0.00	\$16,974.36	\$39,635.44
Traditional PPO W/ Non-Tobacco Use	Single	\$293.04	\$231.90	\$524.94	\$1,137.37	\$1,160.12	\$7,619.04	\$6,029.40	\$0.00	\$6,029.40	\$13,648.44
	Family	\$836.58	\$652.86	\$1,489.44	\$3,227.12	\$3,291.66	\$21,751.08	\$16,974.36	\$0.00	\$16,974.36	\$38,725.44
Dental	Single	\$1.32	\$10.38	\$11.70	\$25.35	\$25.86	\$34.32	\$269.88	\$0.00	\$269.88	\$304.20
	Family	\$3.42	\$27.30	\$30.72	\$66.56	\$67.89	\$88.92	\$709.80	\$0.00	\$709.80	\$798.72
Vision	Single	\$0.17	\$1.47	\$1.64	\$3.55	\$3.62	\$4.42	\$38.22	\$0.00	\$38.22	\$42.64
	Family	\$2.52	\$1.64	\$4.16	\$9.01	\$9.19	\$65.52	\$42.64	\$0.00	\$42.64	\$108.16

Flexible Spending Accounts										
Medical, Limited Purpose Medical (HSA Holders) and/or Dependent Care Admin Fee	\$0.00	\$1.62	\$1.62	\$3.51	\$3.51	\$0.00	\$42.12	\$0.00	\$42.12	\$42.12

HSA Accounts	Coverage	Initial Contribution *	Bi-Weekly Contribution	Monthly Contribution	Maximum Annual ER Contribution
Wellness	Single	\$625.56	\$24.06	\$52.13	\$1,251.12
	Family	\$1,251.12	\$48.12	\$104.26	\$2,502.24
HSA 1	Single	\$500.76	\$19.26	\$41.73	\$1,001.52
	Family	\$1,001.52	\$38.52	\$83.46	\$2,003.04
HSA 2	Single	\$299.52	\$11.52	\$24.96	\$599.04
	Family	\$599.04	\$23.04	\$49.92	\$1,198.08

*Initial contribution as listed above apply to employees with a CDHP effective between 1/1/16 thru 6/1/16 and with an open HSA. CDHPs effective after 6/1/16 but before 12/1/16 and with an open HSA, will receive 1/2 of the initial contribution.

Employees participating in the CDHP plans are reminded that they must open an HSA account in order to receive the State's HSA contribution.